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CONFIRMATION NO. 8720

<b>SERIAL NUMBER</b> 10/784,323	<b>FILING OR 371(c) DATE</b> 02/23/2004 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 1828K
<b>APPLICANTS</b> Matthew J. Perry, East Greenwich, RI; Mark A. Vess, Hanson, MA; Scott Wudyka, Leominster, MA; <b>** CONTINUING DATA</b> <i>None M.B.</i> <b>** FOREIGN APPLICATIONS</b> <i>None M.B.</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/17/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>M.B.</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 15 23
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 54964				
<b>TITLE</b> Compression treatment system				
<b>FILING FEE RECEIVED</b> 1248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	